Table of Contents

State Name: Pennsylvania

State Plan Amendment (SPA)#: 18-0043

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Financial Management Group

January 18, 2019

Ms. Teresa D. Miller, Secretary Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs PO Box 2675 Harrisburg, PA 17110-2675

RE: State Plan Amendment 18-0043

Dear Ms. Miller:

We have completed our review of State Plan Amendment (SPA) 18-0043. This SPA modifies Attachment 4.19-A of Pennsylvania's Title XIX State Plan. Specifically, the SPA continues an additional class of disproportionate payments for acute care hospitals with 400 or more setup and staffed beds in a county with a population less than 500,000.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 18-0043 effective December 16, 2018. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

/3/

Kristin Fan Director

Enclosures

cc: Leesa M. Allen, Executive Deputy Secretary, DHS

Sally Kozak, Deputy Secretary, DHS/OMAP

Dan De Lellis, Director, DHS, Bureau of Policy, Planning, and Analysis

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0043	2. STATE Pennsylvania	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA Title XIX		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 16, 2018		
5. TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$0 b. FFY 2019 \$381,452		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable)	DED PLAN SECTION	
Attachment 4.19A, Page 21x	Attachment 4.19A, Page 21x	# #	
	2		
10. SUBJECT OF AMENDMENT			
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSE NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS		
12. SIGNATURE OF STATE AGENCY REFICIAL	16. RETURN TO Commonwealth of Pennsylvania Department of Human Services		
13. TYPED NAME	Office of Medical Assistance Programs	ice of Medical Assistance Programs	
Teresa D. Miller 14. TITLE	Bureau of Policy, Analysis and Planning P.O. Box 2675	D. Box 2675	
Secretary of Human Services	Harrisburg, Pennsylvania 17105-2675		
15. DATE SUBMITTED DEC 2.0.2018			
DEC 2 0 2018 17 DATE RECEIVED	FFICE USE ONLY 18 DATE APPROVED (AN)	10000	
IV DATE RECEIVED	JAN	1 8 2019	
PLAN APPROVED - OI	TO THE PROPERTY OF THE PROPERT	ADVISES PROTO LINES CONCOUNTED TO ADVISE ADVISED ADVIS	
DEC 1 6 2018	/S/	TO CONTROL OF THE PROPERTY OF	
21. TYPED NAME Kristin Fan	Director, FMG		
23. REMARKS		1934 Гонова и фактов Вону Потован од вого обисности от откорија по пред пред пред под поста от от от от от от	
FORM CMS-179 (07/92) Instructions	on Back		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ATTACHMENT 4.19A
STATE: COMMONWEALTH OF PENNSYLVANIA
Page 21x
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT HOSPITAL CARE

ADDITIONAL CLASS OF DISPROPORTIONATE SHARE PAYMENTS TO QUALIFYING HOSPITALS

The Department of Human Services (Department) will make disproportionate share hospital (DSH) payments to qualifying Medical Assistance (MA) enrolled acute care general hospitals that provide a high volume of inpatient services to MA eligible and low-income populations.

A hospital is eligible for this additional class of DSH payments if the hospital meets all criteria listed below. Unless otherwise stated, the source of the information is the Fiscal Year (FY) 2011-2012 MA-336 Hospital Cost Report.

- a) The hospital is enrolled in the MA Program as an acute care general hospital.
- b) The hospital is located in a county with a total population of less than 500,000 residents, based on the 2010 Federal decennial census.
- c) The hospital has at least 400 total setup and staffed beds.
- d) The hospital ranked at or above the 90th percentile, among MA enrolled acute care hospitals located in counties with a total population of less than 500,000 residents, on the total number of MA inpatient days of care provided.
- e) The hospital ranked in excess of one standard deviation above the mean among MA enrolled acute care hospitals located in counties with a total population of less than 500,000 residents, on the ratio of MA psychiatric inpatient days provided to total psychiatric inpatient days.
- f) The hospital's ratio of uncompensated care to net patient revenue, based on the Pennsylvania Health Care Cost Containment Council Financial Analysis 2013, exceeded 3.40%.

Payments will be divided proportionally among qualified hospitals based on each hospital's total MA inpatient days to total MA inpatient days for all qualified hospitals. All payment limitations are still applicable, including those limitations that the Commonwealth may not exceed its aggregate annual DSH allotment and that no hospital may receive DSH payments in excess of its hospital-specific limit. The Department will not redistribute DSH payments made under this additional class of DSH payments to qualifying hospitals as a result of a qualifying hospital exceeding its hospital-specific DSH limit.

The FY 2018-2019 impact, as a result of the funding allocation for these payments, is \$0.730 million (\$0.349 million in State general funds and \$0.381 million in Federal funds).

TN# <u>18-0043</u> Supersedes TN# <u>18-0009</u>

Approval Date: JAN 18 2019

Effective Date: December 16, 2018